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Atty Dkt No. PP16464.003  
USSN: 10/051,749  
PATENT

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on \_\_\_\_\_.

4/1/04  
Date

Signature

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

VAJDY et al.

Confirmation No.: 5494

Serial No.: 10/051,749

Art Unit: 1648

Filing Date: January 14, 2002

Examiner: T. Brown

Title: NUCLEIC ACID MUCOSAL IMMUNIZATION

TRANSMITTAL LETTER

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is a Response to the Restriction Requirement dated February 23, 2004 in the above patent application.

X Applicants request an extension of time for 1 month from March 23, 2004 to April 23, 2004. Enclosed is a check to cover the \$110 fee.

— An additional fee is required as calculated below.

X Also enclosed: Return Postcard.

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No. of Claims After Amendment			Most Claims Previously Paid		Extra Claims		Additional Fee		
A. Total Claims	21	-	30	=	0	x	\$18	=	\$0
B. Ind. Claims	1	-	1	=	0	x	\$84	=	\$0
C. If amended to contain multiple dependent claims, add 280							\$280	=	\$0
D. Total Amendment Fee (Total of A, B & C)								=	\$0
E. If small entity, 50% reduction of Total Amendment Fee (50% of D)								=	\$0
F. Total Amendment Fee (D minus E)								=	\$0

X A check for \$110 to cover the extension of time fee is attached.

\_\_\_ Charge \$ to Deposit Account No. 18-1648.

The Commissioner is hereby authorized to charge any fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 which may be required by this paper, or to credit any overpayment, to Deposit Account No. 18-1648.

Respectfully submitted,

Date: April 1, 2004

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